

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/696570

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3	1		1			
4		1				
5		2		1	1	
6		2		2	1	
7		2		2		
8		2		2	1	
9		2		2	1	
10		2		2	1	
11		2		2	1	
12		2		2	1	
13		2		2	1	
14		2		2	1	
15		2		2	1	
16		2				
17		1		1	1	
18		2		2	1	
19		2		2		1
20		0		0		1
21		2		2	1	
22	1		1			
23		1				
24	1					
25		1				
26		1				
27	1					
28		1				
29		1				
30	1					
31		1				
32	1					
33		1				
34	1					
35		1				
36		1				
37	1					
38		1				
39	1					
40		1				
41		1				
42	1		1			
43		1		1		
44		1		1		1
45		1		1		1
46		1		1		1
47		1		1		1
48		1		1	1	1
49		1		1		1
50		2		2		
TOTAL IND.	12		4		30	
TOTAL DEP.	66		50		18	
TOTAL CLAIMS	78		54		48	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2		2	1	
52		2		2		1
53		2		2	1	
54		2		2		1
55		2		2		2
56		2		2		2
57					1	
58					1	
59					1	
60					1	
61					1	
62					1	
63					1	
64					1	
65					1	
66					1	
67						1
68						1
69					1	
70					1	
71						1
72					1	
73						1
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75						1
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95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS